

Approved Entities

Waiver Number **20**
Primary Entity Name **North Shore Center for Speech, Language & Swallowing Disorders, LLP**
Primary Address *585 Stewart Avenue* **Primary Phone** *(516) 627-3036*
 Suite 310 **Number**
 Garden City
 NY **Current Waiver Issued Beginning Period**
 11530- *5/1/2014*

County *Nassau* **Current Waiver Ending Period**
 4/30/2017

<input type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input type="checkbox"/> LCSW	<input type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input type="text"/>

Additional Sites if any - with Certificate Number

Certificate Number